

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: N/A
CD-ROM or CD-R?:: None
Sequence submission?:: None
Computer Readable Form (CRF)?:: No
Title:: METHODS AND COMPOSITIONS FOR
THE DIAGNOSIS OF NEUROENDOCRINE
LUNG CANCERS
Attorney Docket Number:: 63139(47992)
Request for Early Publication?:: No
Request for Non-Publication?:: No
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Curtis
Middle Name:: C.
Family Name:: Harris
City of Residence:: Garrett Park
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 4720 Waverly Avenue
City of mailing address:: Garrett Park
State or Province of mailing address:: MD

Postal or Zip Code of mailing address::	20896-0077
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Ping
Family Name::	He
City of Residence::	Bethesda
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	7305 Bannockburn Ridge Court
City of mailing address::	Bethesda
State or Province of mailing address::	MD
Postal or Zip Code of mailing address::	20817
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Lyuba
Family Name::	Varticovski
City of Residence::	Bethesda
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	6506 Cardigan Road
City of mailing address::	Bethesda
State or Province of mailing address::	MD
Postal or Zip Code of mailing address::	20817
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	William

Middle Name::	D.
Family Name::	Travis
City of Residence::	Kensington
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	P.O. Box 2821
City of mailing address::	Kensington
State or Province of mailing address::	MD
Postal or Zip Code of mailing address::	20891

Correspondence Information

Correspondence Customer Number:: 46037

Representative Information

Representative Customer Number:: 46037

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US03/034787	11/03/03

Foreign Priority Information**Assignee Information**

Assignee name::	The United States of America, as represented by the Secretary, Department of Health and Human Services
Street of mailing address::	Office of Technology Transfer National Institutes of Health 6011 Executive Blvd. Suite 325
City of mailing address::	Rockville
State or Province of mailing address::	MD
Postal or Zip Code of mailing address::	20852-3804

Assignee name:: The United States of America, as
represented by the Secretary of Defense
Street of mailing address:: Armed Forces Institute of Pathology
6825 16th Street, NW
City of mailing address:: Washington
State or Province of mailing address:: DC
Postal or Zip Code of mailing address:: 20306-6000